



Last Updated: 03/09/2022

Fee-For-Service Ambulance Service and Mileage Rate Adjustment — Effective July 1, 2012

The purpose of this memorandum is to inform all Fee-For-Service (FFS) Emergency Ground Ambulance, Emergency Air Ambulance, and Neonatal Ambulance Service Providers that participate in the Virginia Medical Assistance Program that the Department of Medical Assistance Services (DMAS) will adjust air ambulance, ground ambulance, and neonatal ambulance rates in accordance with the Governor's Budget Amendment. The FFS rate adjustments will take effect on dates of service July 1, 2012 and after. Rate adjustments do not apply to Managed Care Organization's ambulance services.

The Virginia Medicaid Management Information System (VaMMIS) currently uses a sliding scale rate structure on service CPT/HCPCS codes based on the number of loaded miles transported. Effective July 1, 2012, VaMMIS will accept one rate for each service CPT/HCPCS code. Loaded miles for ambulance transports will still be required on the same claim for fee-for-service, Medicare Title XVIII, and electronic and paper crossover claims.

Rate adjustments apply to FFS ambulance service and mileage CPT/HCPCS procedure codes for Fee-For-Service, Medicare Title XVIII, electronic and paper Medicare crossover claims. The adjusted rates can be found at: http://dmasva.dmas.virginia.gov/Content_pgs/trn-fee.aspx.

The DMAS Fee-For Service Transportation Billing Instruction Manual can be found on the link below by finding Transportation on the pull down menu and clicking on Chapter V: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

Are You Ready for 300H Implementation?

Item #300H of the 2011 General Assembly Appropriation Act requires all providers to submit claims electronically via Electronic Data Interchange (EDI) or Direct Data Entry (DDE), and receive payments via Electronic Funds Transfer (EFT) for those services provided to Medicaid enrollees. If you are not already submitting claims electronically, please contact the EDI Helpdesk at 866-352-0766 for more information. If you do not receive your payment by EFT, please contact Provider Enrollment Services as soon as possible at 888-829-5373. The deadline for all providers to submit their claims



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electronically and receive payments by EFT is July 1, 2012.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information.

The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:



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1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

DMAS Fee For Service (FFS) Ambulance Services Adjusted Rates Beginning with Dates of Service on or after July 1, 2012

FFS Emergency Ground Ambulance Transport Services

Ground Ambulance Mileage	A0425	\$ 2.74
ALS Emergency Ground Ambulance	A0427	\$ 159.86
BLS Emergency Ground Ambulance	A0429	\$ 134.62
ALS Level 2 Emergency Ground Ambulance	A0433	\$ 231.37

FFS Non Emergency Ground Ambulance Services

RATES USED FOR CROSS OVER CALCULATIONS ONLY

Ground Ambulance Mileage	A0425	\$ 2.74
ALS Non Emergency Ground Ambulance	A0426	\$ 100.96
BLS Non Emergency Ground Ambulance	A0428	\$ 84.14
Non Emergency Specialty Ambulance	A0434	\$ 273.44

FFS Emergency Air Ambulance Transport Services

Emergency Air Ambulance - Fixed Wing	A0430	\$1,124.41
Emergency Air Ambulance - Rotary Wing	A0431	\$1,307.29
Emergency Air Ambulance - Fixed Wing Mileage	A0435	\$ 3.22



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Emergency Air Ambulance - Rotary A0436 \$ 8.60

Mileage

FFS Neonatal Ambulance

Services

Neonatal Ambulance Transport A0225 \$ 132.00

Neonatal Transport Mileage with A0425 "U1" \$ 6.60

"U1" Modifier

DMAS Fee For Service Billing Instructions

Billing Instructions for DMAS FFS Ambulance claims can be found in the DMAS Transportation Manual, Chapter V, titled: "Billing Instructions":

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

Payment methodology for calculating ambulance claims for all dates of service can be found at: http://dmasva.dmas.virginia.gov/Content_pgs/trn-fee.aspx.

Emergency and Non-Emergency Ambulance Transports for Managed Care Organizations

Many Medicaid members are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at: <http://www.dmas.virginia.gov/mc-medallionII.htm>.